

| POSITION                  | INITIALS | ID NO. | DATE    |
|---------------------------|----------|--------|---------|
| FEE DETERMINATION         | M . P    | 101    | 9/20/01 |
| O.I.P.E. CLASSIFIER       | C/M      | 1513   | 8/10/01 |
| FORMALITY REVIEW          |          |        |         |
| RESPONSE FORMALITY REVIEW |          |        |         |

### INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ← ..... Restricted O ..... Objected

### BEST AVAILABLE CO

| Claim    | Date       |
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| Final    |            |
| Original | 4/1/01     |
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If more than 150 claims or 10 actions  
staple additional sheet here

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LM  
8/10